

JEFFREY GRISSOM
DIRECTOR

ROBERT L. LAFER
CHIEF LEGAL COUNSEL



County of San Diego
DEPARTMENT OF CHILD SUPPORT SERVICES

220 W. BROADWAY, 6TH FLOOR
SAN DIEGO, CA 92101
(619) 236-7600

Mailing Address:
PO Box 122031, San Diego, CA 92112

Payment Address:
STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO, CA 95798

PIN:

RE: CHANGE OF CUSTODY CONFIRMATION
DCSS #:
SUP CT #:

Dear :

This letter is to confirm our telephone conversation on , in which you agreed that there was a change in the custody arrangement of your child(ren). In that conversation you agreed that the following child(ren), , began residing with the other parent (or party) on .

Please complete the enclosed form and return it to our office as soon as possible in the enclosed envelope. Please be sure to indicate the date the child(ren) began residing with the other parent (or party) and sign the form.

Based on this new custody arrangement, your child support account will be adjusted accordingly. If for some reason the custody arrangement has changed since our telephone conversation, you must notify us within fifteen (15) days by calling the telephone number listed below. Your account will be adjusted based on the information from the telephone conversation if you do not respond to this letter.

Please contact this office at the telephone number below if you have further questions.

Sincerely,

DCSS Representative
Telephone #

JEFFREY GRISSOM
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DEPARTMENT OF CHILD SUPPORT SERVICES

CHANGE OF CUSTODY FORM

NAME:
DCSS #:
SUP CT #:

PIN:

I, _____, do hereby inform the Department of Child
Custodial Party
Support Services that the following child(ren):

List names of child(ren)

is/are residing with:

Name

Relationship to child(ren)

Street

City

State

Zip Code

This change became effective on _____.
Date

I understand that in the event of any change I will notify your office immediately.

Date

Signature